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CONFIRMATION NO. 5329

<b>SERIAL NUMBER</b> 10/767,981	<b>FILING OR 371(c) DATE</b> 01/29/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1001.1435102	
<b>APPLICANTS</b> Kevin Richardson, Hopkinton, MA; Michael Mangano, Medfield, MA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/822,708 03/30/2001 PAT 6,764,484					
<b>** FOREIGN APPLICATIONS *****</b> <i>nm</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/16/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY MA	SHEETS DRAWING 15	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> 28075					
<b>TITLE</b> C-channel to O-channel converter for a single operator exchange biliary catheter					
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		